

INDIANA STATE TRAUMA FIELD TRIAGE
AND TRANSPORT DESTINATION PROTOCOL
REVISED – March 27, 2009 – Suggested Revisions appear in RED

A. Legal Authority:

Senate Enrolled Act No. 249

Section 1. 1C 16-31-2-7: Sec. 7. The commission shall do the following:

- (4) Adopt rules concerning triage and transportation protocols for the transportation of trauma patients consistent with the field triage decision scheme of the American College of Surgeons Committee on Trauma.

B. Purpose:

To ensure that injured patients in the pre-hospital setting are transported to the most appropriate hospital facility within the Indiana State Trauma System based on field assessment of the potential severity of injury by EMS providers and available transportation and hospital resources.

C. Field Triage Decision Scheme:

All EMS providers shall use the latest Field Triage Decision Scheme as published by the American College of Surgeons Committee on Trauma in “Resources for Optimal Care of the Injured Patient” to determine the potential severity of injury and transport destination of all trauma patients in Indiana.

D. Exclusions:

EMS providers who are transporting trauma patients from one acute care hospital to another are not bound by these rules.

E. Transport Destination Protocols

1. **Scene time.** Following patient extrication and ascertainment of scene safety, the on-scene time should be limited to 10 minutes or less, except where there are extenuating circumstances (e.g. mass casualty events). Pre-hospital personnel should not extend on-scene time beyond 10 minutes waiting for air transport to arrive unless the on-scene waiting time is shorter than the ground transport time to the closest acute care facility. If the anticipated waiting time is longer than the ground transport time to the closest acute care facility, the air medical provider may be diverted to the receiving acute care facility. For the purposes of this document “appropriate acute care facility” implies a hospital that provides in-patient services and has an Emergency Room staffed 24 hours per day by an in-house physician with an unrestricted Indiana medical license.
2. **Closest Facility.** Level I and II Trauma Centers are able to provide equivalent care for injured patients and patients should be transported by ground or air to the closest facility as measured by the shortest estimated transport time.

- Exceptions:

- 1) transport to a Level I or II Trauma Center other than the closest center is permitted if the difference in transport time is less than 5 minutes.
- 2) the closest center is on ambulance or trauma diversion.

3. **Ground transport time < 30 minutes.** If ground transport time is anticipated to be less than 30 minutes, all trauma patients meeting Step One, Two, Three, or Four criteria in the Field Triage Decision Scheme should be transported to the closest American College of Surgeons (ACS) Verified or State Designated Level I or II Trauma Center.

- Exception:

- 1) airway or ventilation concerns that cannot be adequately stabilized for the anticipated transport time by available EMS providers should be transported to the closest appropriate acute care facility.

4. **Ground transport time > 30 minutes.** If ground transport time to a Level I or II Trauma Center is anticipated to be greater than 30 minutes:

- a. **Total air transport time < 45 minutes.** If total air transport time (from dispatch to Trauma Center) is anticipated to be less than 45 minutes, Step One and Two patients should be transported by air to the closest Level I or II Trauma Center.

- Exceptions:

- 1) weather or other local conditions prohibit air travel to the scene or to the closest Level I or II Trauma Center.
- 2) scene wait time would exceed time required to transport the patient to the closest appropriate acute care facility by ground. In this situation the air medical provider may be diverted to the receiving acute care facility.
- 3) airway or ventilation concerns that cannot be adequately stabilized for the anticipated transport time by available EMS providers.
- 4) patients in cardiac arrest at the scene after blunt trauma should not be transported.

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All exceptions should be transported to the closest appropriate acute care facility.

- b. **Total air transport time > 45 minutes.** If total air transport time is anticipated to be greater than 45 minutes, Step One and Two patients should be transported by ground to the closest ACS Verified or State Designated Level III Trauma Center or, if there is no Level III Trauma

Center within 30 minutes by ground transportation, to the closest appropriate acute care facility.

- c. Step Three and Four patients should be transported by ground to the closest ACS Verified or State Designated Level III Trauma Center or, if there is no Level III Trauma Center within 30 minutes by ground transportation, to the closest appropriate acute care facility.
5. **Children.** Pediatric trauma patients (15 years of age or younger) should be transported to the closest Level I or II Trauma Center or Pediatric Trauma Center using the above transport time criteria.
6. **Burns.** Patients with isolated burns involving > 10% total body surface area should be transported to the closest ACS Verified or State Designated Burn Center using the above transport time criteria. Patients with burns due to a traumatic mechanism should be transported to the closest Trauma Center.
7. **Pregnancy.** Pregnant trauma patients who are beyond 20 weeks gestation should be transported using the above transport time criteria. If not being transported to an ACS Verified or State Designated Trauma Center, the closest facility that provides both Emergency Medicine and Obstetrical Services should be selected.
8. **Multiple Casualties.** If a traumatic event results in multiple casualties which, in the judgment of the EMS providers in the field and in consultation with local medical control, would result in the overwhelming of medical resources at the closest Trauma Center or appropriate acute care facility, less severely injured patients may be transported to the next closest Trauma Center(s) or appropriate acute care facilities as necessary.
9. **Patient Choice.** A patient or other person with legal authority to act for the patient (legal representative) may request transport to the facility of their choice.
10. **Transport Across State Lines.** The same trauma field triage and transport destination protocols should be used for patients being transported across state lines.
11. **EMS Provider Judgment.** EMS providers may decide independently or in association with on-line medical direction to transport a patient not otherwise meeting the criteria in Steps One through Four to a Trauma Center.
12. **Advance Notification.** EMS providers should provide advance notification to the receiving facility whenever possible to allow appropriate activation of resources prior to patient arrival.

Deleted: if the request is not unreasonable

Deleted: Circumstances in which the request may be considered unreasonable include, but are not limited to, time or distance to the requested facility, hazardous weather conditions, or the requested facility is on ambulance or trauma diversion. Pre-hospital personnel should notify and advise the patient and/or their legal representative of the potential for adverse effects or outcome if trauma field triage and transport destination protocols are not followed.